

REQUEST FOR DOSSIER/INDEX CHECK <i>(AR 381-45)</i>			FOR DCII/USAIRR USE ONLY								
NAME <i>(Last name - First name - Middle name)</i>											
DATE OF BIRTH <i>(Month-Day-Year)</i>			PLACE OF BIRTH <i>(State or Country)</i>		GEO. CODE						
SERVICE NUMBER			SOCIAL SECURITY NUMBER								
REMARKS <i>(Requester)</i>			DATE COMPLETED:								
			DCII	<input type="checkbox"/>	AF-MPRD	<input type="checkbox"/>	CSC	<input type="checkbox"/>	USAAC	<input type="checkbox"/>	
			FBI-HO	<input type="checkbox"/>	BUPERS	<input type="checkbox"/>	CIA	<input type="checkbox"/>	FRC	<input type="checkbox"/>	
			FBI-ID	<input type="checkbox"/>	USMC	<input type="checkbox"/>	I & NS	<input type="checkbox"/>	HCUA	<input type="checkbox"/>	
			TAG-O	<input type="checkbox"/>	USCG	<input type="checkbox"/>	STATE-S	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	
			TAG-E		<input type="checkbox"/>	MPRC	<input type="checkbox"/>	STATE-P	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
			DOSSIER CHARGED TO:				REMARKS				
			AGENCY								
REQUEST NUMBER		DATE		DATE							
REQUESTING OFFICE <i>(Inventory code)</i>		SIGNATURE		DETAIL LIST NUMBER							

DA FORM 1144, DEC 1966

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CHARGE OUT COPY 1

APD LC v1.01ES

REQUEST FOR DOSSIER/INDEX CHECK (AR 381-45)			FOR DCII/USAIRR USE ONLY								
NAME (Last name - First name - Middle name)											
DATE OF BIRTH (Month-Day-Year)			PLACE OF BIRTH (State or Country)		GEO. CODE						
SERVICE NUMBER			SOCIAL SECURITY NUMBER								
REMARKS (Requester)			DATE COMPLETED:								
			DCII	<input type="checkbox"/>	AF-MPRD	<input type="checkbox"/>	CSC	<input type="checkbox"/>	USAAC	<input type="checkbox"/>	
			FBI-HO	<input type="checkbox"/>	BUPERS	<input type="checkbox"/>	CIA	<input type="checkbox"/>	FRC	<input type="checkbox"/>	
			FBI-ID	<input type="checkbox"/>	USMC	<input type="checkbox"/>	I & NS	<input type="checkbox"/>	HCUA	<input type="checkbox"/>	
			TAG-O	<input type="checkbox"/>	USCG	<input type="checkbox"/>	STATE-S	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	
			TAG-E		<input type="checkbox"/>	MPRC	<input type="checkbox"/>	STATE-P	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
			DOSSIER CHARGED TO:			REMARKS					
			AGENCY								
REQUEST NUMBER		DATE		DATE							
REQUESTING OFFICE (Inventory code)		SIGNATURE		DETAIL LIST NUMBER							

DA FORM 1144, DEC 1966

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CHARGE OUT COPY 2

APD LC v1.01ES

REQUEST FOR DOSSIER/INDEX CHECK <i>(AR 381-45)</i>			FOR DCII/USAIRR USE ONLY							
NAME <i>(Last name - First name - Middle name)</i>										
DATE OF BIRTH <i>(Month-Day-Year)</i>			PLACE OF BIRTH <i>(State or Country)</i>		GEO. CODE					
SERVICE NUMBER			SOCIAL SECURITY NUMBER							
REMARKS <i>(Requester)</i>			DATE COMPLETED:							
			DCII	<input type="checkbox"/>	AF-MPRD	<input type="checkbox"/>	CSC	<input type="checkbox"/>	USAAC	<input type="checkbox"/>
			FBI-HO	<input type="checkbox"/>	BUPERS	<input type="checkbox"/>	CIA	<input type="checkbox"/>	FRC	<input type="checkbox"/>
			FBI-ID	<input type="checkbox"/>	USMC	<input type="checkbox"/>	I & NS	<input type="checkbox"/>	HCUA	<input type="checkbox"/>
			TAG-O	<input type="checkbox"/>	USCG	<input type="checkbox"/>	STATE-S	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
			TAG-E	<input type="checkbox"/>	MPRC	<input type="checkbox"/>	STATE-P	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
			DOSSIER CHARGED TO:			REMARKS				
			AGENCY							
REQUEST NUMBER			DATE							
REQUESTING OFFICE <i>(Inventory code)</i>			SIGNATURE							
			DATE							
			DETAIL LIST NUMBER							

DA FORM 1144, DEC 1966

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CHARGE OUT COPY 3

APD LC v1.01ES